

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/07/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445154	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/02/2016
NAME OF PROVIDER OR SUPPLIER QUALITY CARE HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 932 BADDOUR PARKWAY LEBANON, TN 37087		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS During annual recertification survey conducted on 2/29/16 - 3/2/16 at Quality Care Health Center, 5 complaints were investigated. Complaints #37085, 37280, and 37548 were substantiated but no deficiencies were cited. Complaints #37478 and 38528 were unsubstantiated with no deficiencies cited.	F 000	Physician notified for Resident #371.	02/29/16	
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on medical record review, interview, and observation, the facility failed to obtain a physician order for the placement of a foley catheter for 1 (Resident #371) of 38 residents reviewed. The findings included: Medical record review revealed Resident #371 was admitted to the facility on 2/25/16 with diagnosis including Diabetes Mellitus Type 2 with Neuropathy, Acute or Chronic Diastolic (Congestive) Heart Failure, Chronic Obstructive	F 315	1. Clarification order was obtained for foley catheter due to urinary retention. 2. All patients with foley catheters were checked along with patient charts to verify there were orders for the placement of their catheters. 3. The nurse who inserted the foley catheter was re-educated/counseled for failing to record and/or transcribe the order for placement of the catheter. 4. An in-service was conducted for all licensed nurses. The in-service included information on all residents who require catheterization must have a physician's order for the placement of the catheter and the resident's clinical condition must demonstrate the foley catheter was necessary. 5. Nursing Supervisor will monitor all foley catheter orders weekly for placement and clinical condition for 6 months.	03/03/16	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Sumantha Mulro

TITLE

Adm.

(X6) DATE

03/22/16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 315	<p>Continued From page 1 Pulmonary Disease, and Obesity.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, with the Assistant Director of Nursing (ADON) present, at the South nursing station on 2/29/16 at 2:23 PM when asked why the resident had a catheter stated "...I know family wanted it since she had it for so long at home..." LPN #1, after reviewing the medical record in the resident chart and computer for physician orders and diagnosis, confirmed there was no diagnosis for the foley catheter. The ADON stated "...there was no diagnosis in the computer...retention probably but no diagnosis in computer..."</p> <p>Observation on 2/29/16 at 2:36 PM and 3/1/16 at 7:48 AM revealed Resident #371 in her room, in bed and a catheter bag and tubing were present.</p> <p>Medical record review of the nursing note dated 2/26/16 at 6:48 AM revealed "...2/25/16 745PM 16 french foley catheter placed per physician order..."</p> <p>Review of the physician orders and telephone physician orders with the start date of 2/25/16 and 2/26/16 revealed the following:</p> <ol style="list-style-type: none"> 1.) Change bedside bag daily and tubing as needed. 2.) Change foley catheter daily as needed - 16 french. 3.) Change foley catheter monthly. 4.) Catheter care daily. 5.) Change beside bag and tubing every 2 weeks. <p>Further review revealed no order for the foley catheter placement.</p> <p>Interview with LPN #2 on 3/2/16 at 10:32 AM at the South nursing station when asked what the</p>	F 315			

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F 315	Continued From page 2 diagnosis was to support the foley catheter stated "...Resident is new to us and could be family was aware of resident history and we weren't..." LPN #2 reviewed the hospital data in the medical record, the physician orders in the medical record and the computer and both physician order books, for telephone orders to be signed by the physician, and confirmed there was no order for the placement of the foley catheter. Interview with the ADON on 3/2/16 at 1:16 PM at the South nursing station, after reviewing the medical record, when asked regarding the order to place the foley catheter confirmed she "...did not find order to place 16 french foley catheter but can see all the orders to care for it [foley catheter]..." When asked if the ADON would expect an order to be written for the catheter to be placed stated "...I would expect order to place a catheter..."	F 315	1. The plate of food was immediately discarded. 2. Dietary staff member #1 was re- educated and counseled for touching multiple food items with the same gloved hand. 3. An in-service for all dietary staff was conducted on 2/29/16 on "serving food under sanitary conditions." The in- service specifically included serving "ready to eat foods" the proper serving utensils, including tongs and not touching multiple food items with the same gloved hand. 4. Dietary Manager will monitor for proper food handling weekly for 6 months.	02/29/16	
F 371 SS=D	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility dietary department staff failed to serve food in a	F 371			

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F 371	<p>Continued From page 3 sanitary manner in 1 of 5 serving areas.</p> <p>The findings included:</p> <p>Observation of the Cedars Dining Room resident tray line on 2/29/16 begining at 11:03 AM, with the Registered Dietitian (RD) present, revealed dietary staff member #1 serving the food. Further observation revealed dietary staff member #1, with the same gloved hand, touched the rolls in a bag, potato chips in a bag, removed a salmon pattie from the steam table, placed the pattie on a plate, crumbled the pattie to smaller pieces and then placed the plate on the counter for nursing staff to pick up to serve to the resident.</p> <p>Interview with the RD on 2/29/16 at 11:06 AM at the Cedars Dining Room resident tray line confirmed it was not acceptable for dietary staff member #1 to touch multiple food items with the same gloved hand.</p>	F 371			